AMERICAN GENERAL LIFE INSURANCE COMPANY

08000-CA

Tax Qualifie	d.		_			•		
Maximum F	Policy Benefit	Amounts		Elimination	Periods			
☐ 1 Yr.	☐ 2 Yrs.	☐ 3 Yrs.	☐ 4 Yrs.	0 days	☐ 60 days	TYPE		
☐ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	Lifetime	☐ 20 days	✓ 90 days	Calendar Day		
✓ See compa	any's notes, pp 1	19-142		✓ 30 days	☐ 100 days	☐ Service Day		
Nursing Home Daily Benefit Amounts				Inflation Protection				
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$.			✓ 5% Com	pound \square Gua	\square Guaranteed Purchase Option			
☐ per day	☐ per week	✓ per mont	h	☐ 5% Simp		✓ See company's notes, pp 119- 142		
✓ See notes, p	p 119-142	☐ Not Avail	able		142			
Home Care	e Benefit Amo	unts		Residential	Care Facility I	Daily Benefit Amounts		
Represents to Benefit Amou	he percentage o ınt.	f the Nursing I	Home Daily	Represents the Benefit Amou		he Nursing Home Daily		
✓ 100% ☐ 70% ☐ See compa	□ 90% □ 60% any's notes, pp 1	□ 80% □ 50% 19-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compar	☐ 80% ☐ 75% ny's notes, pp 119-142		
Waiver of F								

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

We will waive the payment of premium which becomes due when the coverage is inforce and insured is receiving benefits under this policy, except for benefits paid during the elimination period. We will refund or credit the pro rata amount paid for the periods after the premium waiver begins.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Elimina	tion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum I	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$662	Not Available	\$576	Not Available	Not Available	Not Available	
55	\$794	Not Available	\$690	Not Available	Not Available	Not Available	
60	\$1,021	Not Available	\$888	Not Available	Not Available	Not Available	
65	\$1,480	Not Available	\$1,287	Not Available	Not Available	Not Available	
70	\$2,439	Not Available	\$2,121	Not Available	Not Available	Not Available	
75	\$4,361	Not Available	\$3,792	Not Available	Not Available	Not Available	
80	\$7,552	Not Available	\$6,567	Not Available	Not Available	Not Available	
Dofor	to Doto Histo	ry Spotion for inf	ormation on pro	mium increaces f	or this company		

ASSURITY LIFE INSURANCE COMPANY

AL2100P-CA

This policy for Tax Qualified	•	orehensive Lo	ong-Term Care.	This is an Indi	vidual typ	e policy ar	nd is cla	ssified as
Maximum P	olicy Benefit	Amounts		Elimination Periods				
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	✓ 0 days	☐ 60 da	,	_	PE
✓ 5 Yrs.✓ See compar	✓ 6 Yrs. ny's notes, pp 1 ⁻¹	∐ 7 Yrs. 19-142	✓ Lifetime	☐ 20 days ⊻ 30 days	⊻ 90 da □ 100 d	•		endar Day vice Day
Nursing Home Daily Benefit Amounts				Inflation Protection				
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.			eek or month]	✓ 5% Compo	ound \square	Guarantee	d Purch	ase Option
✓ per day	per week	☐ per month		•		See compa	mpany's notes, pp 119-	
See notes, pr	o 119-142	☐ Not Availa	ble			142		
Home Care	Benefit Amou	unts		Residential C	Care Faci	lity Daily I	Benefit	Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				me Daily
✓ 100% □ 70%	□ 90% □ 60%	□ 80% □ 50%	□ 75%	✓ 100% □ 70%	□ 90%□ See co	☐ 809 mpany's no		□ 75% 119-142
□ See compa	See company's notes, pp 119-142							

Waiver of Premium

Premiums for the policy and attached riders will be waived after confined in a nursing facility or risidential care facility for a period of 90 days- Any unearned premium is refunded on a prorata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$437	\$1,201	\$364	\$1,001	\$578	\$1,588	
55	\$527	\$1,244	\$439	\$1,037	\$698	\$1,646	
60	\$731	\$1,536	\$610	\$1,280	\$968	\$2,032	
65	\$992	\$1,875	\$827	\$1,563	\$1,313	\$2,481	
70	\$1,463	\$2,458	\$1,219	\$2,048	\$1,935	\$3,251	
75	\$2,920	\$4,614	\$2,433	\$3,845	\$3,863	\$6,103	
80	\$4,383	\$6,574	\$3,652	\$5,479	\$5,798	\$8,696	

BANKERS LIFE AND CASUALTY COMPANY

GR-N350

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	aximum Policy Benefit Amounts			Elimination F	Periods			
✓ 1 Yr. ✓ 5 Yrs. ✓ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 1	☑ 3 Yrs. ☐ 7 Yrs. 19-142	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 day✓ 90 day☐ 100 day	'S	TYPE ☐ Calenda ✓ Service	•
Nursing Home Daily Benefit Amounts				Inflation Pro	tection			
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month				✓ 5% Composition	e 🗸 S	 ☐ Guaranteed Purchase Option ✓ See company's notes, pp 119- 142 		
See notes, pp	119-142		ble					
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amounts				
Represents the Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount		of the Nurs	sing Home [aily
✓ 100%☐ 70%☐ See compar	☐ 90% ☐ 60% ny's notes, pp 1	□ 80% ⊻ 50% 19-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See com	☐ 80% npany's not	6 □ 7 es, pp 119-1	5% 142

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$614	\$1,912	\$543	\$1,693	\$919	\$2,982	
55	\$771	\$2,214	\$682	\$1,960	\$1,153	\$3,445	
60	\$1,075	\$2,678	\$951	\$2,371	\$1,597	\$4,134	
65	\$1,558	\$3,428	\$1,379	\$3,034	\$2,301	\$5,260	
70	\$2,454	\$4,697	\$2,172	\$4,157	\$3,614	\$7,178	
75	\$3,930	\$6,760	\$3,479	\$5,983	\$5,726	\$10,227	
80	\$6,444	\$10,076	\$5,703	\$8,918	\$0	\$0	

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

BG01P(06/04)-CA

Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ✓ 0 days TYPE ☐ 60 days ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ✓ Calendar Day ☐ See company's notes, pp 119-142 ✓ 30 days □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90-day waiting peirod for facility confinement. Any unearned premium is refunded on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$348	\$956	\$302	\$832	\$504	\$1,386	
55	\$453	\$1,132	\$394	\$984	\$656	\$1,640	
60	\$629	\$1,416	\$547	\$1,231	\$912	\$2,052	
65	\$949	\$1,899	\$826	\$1,651	\$1,376	\$2,752	
70	\$1,535	\$2,685	\$1,334	\$2,335	\$2,224	\$3,892	
75	\$2,594	\$4,151	\$2,256	\$3,610	\$3,760	\$6,016	
80	\$4,256	\$6,384	\$3,701	\$5,551	\$6,168	\$9,252	

GENWORTH LIFE INSURANCE COMPANY

7035AX-REV2009

This policy form is for Comprehensive Long-Term Care. Tax Qualified.	e Long-Term Care. This is an Individual type policy and is classified as				
Maximum Policy Benefit Amounts	Elimination Periods				
 ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs. ☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime ☑ See company's notes, pp 119-142 	 □ 0 days □ 20 days ☑ 20 days ☑ 90 days ☑ Calendar Day ☑ 30 days ☑ 100 days ☑ Service Day 				
Nursing Home Daily Benefit Amounts	Inflation Protection				
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$. ☐ per day ☐ per week ✔ per month	✓ 5% Compound ☐ Guaranteed Purchase Op ✓ 5% Simple ☐ See company's notes, pp				
☐ See notes, pp 119-142 ☐ Not Available	142				
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts				
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ 60% ☐ 50% ☐ See company's notes, pp 119-142	✓ 100% ☐ 90% ☐ 80% ☐ 75% ☐ 70% ☐ See company's notes, pp 119-142				
Waiver of Premium					
Will waive premium payments that become due when benefits Home Care, Bed Reservation, and Hospice.	s are payable under Nursing Homne, Residential Care,				

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$792	\$1,767	\$697	\$1,544	\$1,227	\$2,771	
55	\$875	\$1,921	\$770	\$1,679	\$1,342	\$2,923	
60	\$1,139	\$2,323	\$1,003	\$2,031	\$1,845	\$3,875	
65	\$1,681	\$3,111	\$1,479	\$2,720	\$2,663	\$5,173	
70	\$2,705	\$4,380	\$2,381	\$3,829	\$4,380	\$7,022	
75	\$4,836	\$7,313	\$4,255	\$6,391	\$7,733	\$11,398	
80	\$0	\$0	\$0	\$0	\$0	\$0	

KNIGHTS OF COLUMBUS

LTC01-CA 1-03 (COMP)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ☐ 4 Yrs. ☐ 0 days ✓ 60 days TYPE ✓ Lifetime ☐ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 119-142 ✓ 30 days □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$110 minimum to \$500 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$10. ☐ 5% Simple ☐ See company's notes, pp 119-✓ per day per week ✓ per month 142 See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ✓ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142 Waiver of Premium Once elimination period is served. One time life time. Contact company for more details.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$406	\$1,138	\$363	\$1,016	\$608	\$1,733	
55	\$520	\$1,322	\$465	\$1,180	\$782	\$2,015	
60	\$701	\$1,585	\$626	\$1,415	\$1,060	\$2,420	
65	\$1,042	\$2,061	\$930	\$1,841	\$1,582	\$3,154	
70	\$1,679	\$2,925	\$1,499	\$2,612	\$2,560	\$4,482	
75	\$3,079	\$4,753	\$2,750	\$4,244	\$3,918	\$6,071	
80	\$4,427	\$6,147	\$3,953	\$5,488	\$5,645	\$7,858	

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPA

MM500-P-CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days TYPE ✓ 60 days ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs ✓ 7 Yrs. ✓ Lifetime ✓ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1000 minimum to \$9000 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$100. ✓ 5% Simple ☐ See company's notes, pp 119-✓ per day per week per month 142 See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 119-142 ✓ See company's notes, pp 119-142

Waiver of Premium

No premiums are due when Facility Services Benefit (FSB) are payable and as long as FSB remain payable, any unearned premium returned on a pro-rata- basis premium becomes due when FSB are no longer being paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$507	\$1,295	\$423	\$1,079	\$813	\$2,075	
55	\$556	\$1,354	\$464	\$1,128	\$892	\$2,169	
60	\$767	\$1,706	\$639	\$1,422	\$1,229	\$2,735	
65	\$1,121	\$1,706	\$934	\$1,859	\$1,796	\$3,574	
70	\$1,836	\$3,209	\$1,530	\$2,674	\$2,942	\$5,142	
75	\$3,169	\$4,995	\$2,641	\$4,162	\$5,079	\$8,004	
80	\$4,502	\$4,995	\$3,752	\$5,646	\$7,215	\$10,858	

MEDAMERICA INSURANCE COMPANY

SPL-336

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified Tax Qualified.					assified as			
Maximum P	Policy Benefit	Amounts		Elimination F	Periods	6		
☐ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ☐ 6 Yrs. Iny's notes, pp 1	☐ 3 Yrs. ☑ 7 Yrs. 19-142	☐ 4 Yrs. ☐ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	✓ 90	0 days 0 days 00 days	✓ Ca	YPE lendar Day rvice Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection	1		
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$. ☐ per day ☐ per week ✔ per month		✓ 5% Compound✓ 5% Simple		☐ Guaranteed Purchase Option☐ See company's notes, pp 119-				
See notes, p	p 119-142	☐ Not Availa	able	142				
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amounts				
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	lome Daily	Represents the Benefit Amount	•	tage of the Nu	ırsing H	ome Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% □ 50% 19-142	□ 75%	✓ 100% □ 70%	□ 90% □ See	6 □ 80 e company's no		□ 75% 119-142
Waiver of P	remium							
Premiums are	waived the day	after the elimi	nation period is r	net.				

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$633	\$2,314	\$550	\$2,013	\$1,000	\$4,075
55	\$863	\$2,703	\$750	\$2,350	\$1,375	\$4,713
60	\$1,236	\$3,249	\$1,075	\$2,825	\$1,925	\$5,613
65	\$1,840	\$4,039	\$1,600	\$3,513	\$2,863	\$6,963
70	\$2,717	\$5,060	\$2,363	\$4,400	\$4,188	\$8,663
75	\$4,758	\$7,489	\$4,138	\$6,513	\$7,388	\$12,938
80	\$6,799	\$9,315	\$5,913	\$8,100	\$0	\$0

MUTUAL OF OMAHA INSURANCE COMPANY

LCAQ-20321

☐ See company's notes, pp 119-142

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days ☐ 60 days TYPE ✓ Lifetime ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 119-142 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 119-142

✓ 50%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	\$1,387	\$378	\$1,168	\$631	\$1,950
55	\$698	\$1,767	\$586	\$1,482	\$923	\$2,335
60	\$1,004	\$2,129	\$840	\$1,781	\$1,242	\$2,633
65	\$1,416	\$2,563	\$1,186	\$2,146	\$1,693	\$3,065
70	\$2,173	\$3,629	\$1,789	\$2,988	\$2,512	\$4,194
75	\$3,756	\$6,085	\$3,062	\$4,961	\$4,248	\$6,882
80	Not Available	Not Available	\$5,303	\$7,583	\$7,514	\$10,746

MUTUAL OF OMAHA INSURANCE COMPANY

LTC04I-TQ

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A		Elimination	Perioas				
✓ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. □ 6 Yrs. ny's notes, pp 1′	✓ 3 Yrs. □ 7 Yrs. 19-142	✓ 4 Yrs. ☐ Lifetime	✓ 0 days☐ 20 days✓ 30 days		days days 0 days	☐ Cale	PE endar Day vice Day
Nursing Hon	Nursing Home Daily Benefit Amounts			Inflation Pro	tection			
\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. Per day per week per month See notes, pp 119-142 Not Available				 ✓ 5% Compound ✓ Guaranteed Purcha ✓ See company's note 142 		·		
Home Care	Benefit Amou	unts		Residential	Care Fa	acility Daily	Benefit	Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amoun	•	age of the Nu	rsing Ho	me Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% ny's notes, pp 1°	□ 80% ☑ 50% 19-142	□ 75%	⊻ 100% □ 70%	□ 90% □ See	☐ 80¹ company's no		□ 75% 119-142

Waiver of Premium

Massisson Dalias

Confined Care premiums after the Elimination Period. Home Health Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$731	\$1,644	\$585	\$1,315	\$930	\$2,093
55	\$849	\$1,851	\$679	\$1,481	\$1,080	\$2,354
60	\$1,084	\$2,321	\$868	\$1,859	\$1,359	\$2,908
65	\$1,603	\$3,191	\$1,283	\$2,553	\$2,034	\$4,048
70	\$2,910	\$4,917	\$2,328	\$3,934	\$3,563	\$6,021
75	\$4,814	\$7,125	\$3,851	\$5,700	\$5,877	\$8,697
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

NEW YORK LIFE INSURANCE COMPANY

ILTC-5000(CA)(1001)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ☐ 0 days ☐ 60 days TYPE ✓ 20 days ✓ 5 Yrs. 6 Yrs ✓ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 119-142 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$400 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$1. ✓ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% **✓** 90% **✓** 80% 75% **✓** 100% 90% 80% 75% **✓** 70% **✓** 60% **✓** 50% □ 70% ☐ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142 Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$493	\$1,581	\$338	\$1,083	\$589	\$1,955
55	\$740	\$2,083	\$507	\$1,427	\$873	\$2,550
60	\$1,020	\$2,521	\$698	\$1,727	\$1,188	\$3,052
65	\$1,509	\$3,235	\$1,033	\$2,215	\$1,734	\$3,870
70	\$2,303	\$4,303	\$1,578	\$2,947	\$2,616	\$5,113
75	\$3,985	\$6,489	\$2,730	\$4,444	\$4,517	\$7,697
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

NORTHWESTERN LONG TERM CARE INSURANCE CO

RS.LTC.(0708)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. 4 Yrs ☐ 0 days ☐ 60 days TYPE ☐ 90 days ✓ Lifetime ☐ 20 days ☐ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 119-142 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$400 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ☐ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142 Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums will be waived once the policyowner has met the need for long-term care outlined in the contract.

	42* Day Eliminat	ion Period.	84** Day Elimination Period.		84** Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$641	\$2,345	\$557	\$2,038	\$809	\$3,182
55	\$789	\$2,504	\$686	\$2,176	\$1,004	\$3,384
60	\$1,042	\$2,826	\$906	\$2,457	\$1,330	\$3,768
65	\$1,424	\$3,306	\$1,238	\$2,874	\$1,819	\$4,365
70	\$2,261	\$4,505	\$1,966	\$3,917	\$2,887	\$5,895
75	\$3,726	\$6,429	\$3,240	\$5,591	\$4,733	\$8,337
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Refe	er to Rate Histor	ry Section for inf	ormation on pre	mium increases f	or this company	

NORTHWESTERN LONG TERM CARE INSURANCE CO

RS.LTC.(1101)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. 4 Yrs ☐ 0 days ☐ 60 days TYPE ✓ Lifetime ☐ 20 days ☐ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ✓ See company's notes, pp 119-142 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ☐ 5% Simple ☐ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums will be waived when there are 91 days on which Qualifying Expenses are incurred OR the Elimination Period is met, if sooner.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	. 90 Day Elim	90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Be	nefit 3 Year Maximu	3 Year Maximum Policy Benefit		Benefit	
Issue No Inflation Age Protection With Inflat Prote	ion No Inflation	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50 \$641 \$2	2,345 \$557	\$2,038	\$809	\$3,182	
55 \$789 \$2	2,504 \$686	\$2,176	\$1,004	\$3,384	
\$1,042 \$2	2,826 \$906	\$2,457	\$1,330	\$3,768	
65 \$1,424 \$3	\$1,238	\$2,874	\$1,819	\$4,365	
70 \$2,261 \$ 4	\$1,966	\$3,917	\$2,887	\$5,895	
75 \$3,726 \$6	\$3,240	\$5,591	\$4,733	\$8,337	
80 Not Available Not Av	ailable Not Available	Not Available	Not Available	Not Available	

PHYSICIANS MUTUAL INSURANCE COMPANY

P146E

Tax Qualified	•	orenensive L	ong-Term Care	. This is an ind	ividuai typė po	olicy and is	ciassified as
Maximum P	Policy Benefit	Amounts		Elimination F	Periods		
☐ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 1	☐ 3 Yrs. ☐ 7 Yrs. 19-142	☐ 4 Yrs. ☐ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 days		TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pro	tection		
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$. □ per day □ per week ☑ per month □ See notes, pp 119-142 □ Not Available		1	✓ 5% Compo		e company's	rchase Option notes, pp 119-	
Home Care	Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts			
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	lome Daily	Represents the Benefit Amount		the Nursing	Home Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% Iny's notes, pp 1	□ 80% ☑ 50% 19-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	□ 80% any's notes, p	☐ 75% op 119-142
Waiver of P	remium						

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	3 Year Maximum Policy Benefit		Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$619	\$1,839	\$529	\$1,572	\$868	\$2,846
55	\$784	\$2,156	\$670	\$1,842	\$1,098	\$3,327
60	\$1,048	\$2,663	\$896	\$2,276	\$1,469	\$4,040
65	\$1,498	\$3,386	\$1,280	\$2,894	\$2,099	\$5,143
70	\$2,402	\$4,853	\$2,053	\$4,148	\$3,366	\$7,002
75	\$4,178	\$7,311	\$3,577	\$6,249	\$5,854	\$10,244
80	\$0	\$0	\$0	\$0	\$0	\$0

STATE FARM MUTUAL AUTOMOBILE INSURANCE COM

97058 CA.1

Tax Qualified	d.		_				
Maximum P	Policy Benefit	Amounts		Elimination	Periods		
☐ 1 Yr. ☑ 5 Yrs. ☑ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 1	☐ 3 Yrs. ☐ 7 Yrs. 19-142	☐ 4 Yrs. ☐ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days ☑ 90 days ☐ 100 days		TYPE Calendar Day Service Day
Nursing Home Daily Benefit Amounts				Inflation Pr	otection		
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$. ✓ per day ☐ per week ☐ per month ☐ See notes, pp 119-142 ☐ Not Available		✓ 5% Com✓ 5% Simp	_	e company's	rchase Option notes, pp 119-		
Home Care	Benefit Amo	unts		Residential	Care Facility	Daily Ben	efit Amounts
Represents th Benefit Amou	ne percentage of	f the Nursing H	lome Daily	Represents th Benefit Amou	e percentage of nt.	the Nursing	Home Daily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% Iny's notes, pp 1	□ 80% □ 50% 19-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	□ 80% any's notes,	☐ 75% pp 119-142
Waiver of P	remium						

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can not be separated by more than 15 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	3 Year Maximum Policy Benefit		Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	\$1,102	\$414	\$1,019	\$693	\$1,584
55	\$579	\$1,298	\$525	\$1,197	\$908	\$1,906
60	\$818	\$1,630	\$739	\$1,498	\$1,294	\$2,495
65	\$1,169	\$2,125	\$1,053	\$1,933	\$1,867	\$3,360
70	\$2,083	\$3,306	\$1,869	\$2,991	\$3,203	\$5,159
75	\$3,433	\$5,118	\$3,041	\$4,573	\$5,356	\$7,829
80	\$0	\$0	\$0	\$0	\$0	\$0

THE PRUDENTIAL INSURANCE COMPANY OF AMERIC

additional charge.

GRP 113146

Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days TYPE ✓ 60 days ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ☐ Lifetime ✓ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$100 minimum to \$500 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$10. ✓ 5% Simple ☐ See company's notes, pp 119-✓ per day per week per month 142 ✓ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% □ 70% ☐ See company's notes, pp 119-142 ☐ See company's notes, pp 119-142 Waiver of Premium

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Begins the day after Elimination Periodis satisfied. Joint and Survivor Waivers of Premium are available as riders for an

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimii	nation Period.
3 Y	'ear Maximum F	Policy Benefit	3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$727	\$1,645	\$581	\$1,316	Not Available	Not Available
55	\$916	\$1,953	\$733	\$1,562	Not Available	Not Available
60	\$1,156	\$2,318	\$925	\$1,854	Not Available	Not Available
65	\$1,695	\$3,088	\$1,356	\$2,471	Not Available	Not Available
70	\$2,834	\$4,647	\$2,267	\$3,718	Not Available	Not Available
75	\$5,023	\$7,513	\$4,019	\$6,010	Not Available	Not Available
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Refe	er to Rate Histor	ry Section for infe	ormation on pre	mium increases f	or this company.	

26 Individual

TRANSAMERICA LIFE INSURANCE COMPANY

Benefit.

TLC 1-FP(CA) 1001

Tax Qualified.	iprenensive L	ong-Term Care	e. This is an inc	dividual type p	olicy and is	classified as
Maximum Policy Benefit	Amounts		Elimination	Periods		
 □ 1 Yr. □ 2 Yrs. □ 5 Yrs. □ 6 Yrs. ☑ See company's notes, pp ? 	☐ 3 Yrs. ☐ 7 Yrs. 119-142	☐ 4 Yrs. ☐ Lifetime	✓ 0 days✓ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 days		TYPE Calendar Day Service Day
Nursing Home Daily Ben	efit Amounts	5	Inflation Pro	otection		
\$50 minimum to \$400 maxim offered in increments of \$10. ✓ per day ☐ per week		_	✓ 5% Comp✓ 5% Simp	le 🗹 Se	e company's	rchase Option notes, pp 119-
☐ See notes, pp 119-142	☐ Not Avail	able		14	-2	
Home Care Benefit Amo	ounts		Residential	Care Facility	Daily Bene	efit Amounts
Represents the percentage of Benefit Amount.	of the Nursing I	Home Daily	Represents th Benefit Amour	e percentage of nt.	f the Nursing	Home Daily
✓ 100% ☐ 90% ☐ 70% ☐ 60% ☐ See company's notes, pp	□ 80% □ 50% 119-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	□ 80% any's notes, p	□ 75% op 119-142
Waiver of Premium						
Automatically applies when o	ualifications a	re met. Will not a	apply when insur	ed is receiving t	the Alternativ	e Payment

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Elimination Period. 90 Day Elimination Period. 90 Day Elimination Period.								
3 Year Maximum Policy Benefit			3 Year Maximui	m Policy Benefit	Lifetime	Benefit			
Issue No Inflation Age Protection With 5% No Inflation Protection Protection With 5% Inflation Protection With 5% Inflation Protection No Inflation Protection Protection With 5% Inflation Protection Protection									
50	\$589	\$1,685	\$484	\$1,384	\$1,008	\$2,883			
55	\$749	\$1,994	\$615	\$1,637	\$1,169	\$3,115			
60	\$928	\$2,233	\$762	\$1,834	\$1,583	\$3,809			
\$1,307 \$2,744 \$1,074 \$2,254 \$2,375 \$4,985									
70	\$2,046	\$3,687	\$1,680	\$3,028	\$3,760	\$6,776			
75	\$3,443	\$5,352	\$2,828	\$4,396	\$6,837	\$10,627			
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available			
Refe	er to Rate Histor	ry Section for infe	ormation on pre	mium increases f	or this company.				

UNITED OF OMAHA LIFE INSURANCE COMPANY

LTC06UI

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. TYPE ✓ 0 days ✓ 60 days ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$ minimum to \$ maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$. ✓ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

☐ See company's notes, pp 119-142

Confined care premium are waived after the elimenation period. Home Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the elimenation period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$622	\$1,507	\$498	\$1,206	\$1,040	\$2,517
55	\$724	\$1,653	\$579	\$1,322	\$1,207	\$2,757
60	\$924	\$2,074	\$739	\$1,659	\$1,519	\$3,410
65	\$1,366	\$2,852	\$1,093	\$2,282	\$2,273	\$4,748
70	\$2,479	\$4,398	\$1,983	\$3,519	\$3,982	\$7,066
75	\$4,102	\$6,394	\$3,281	\$5,115	\$6,568	\$10,238
80	\$0	\$0	\$0	\$0	\$0	\$0

BANKERS LIFE AND CASUALTY COMPANY

GR-N380

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Po	olicy Benefit A	Amounts		Elimination Pe	eriods			
✓ 1 Yr.✓ 5 Yrs.✓ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 11	v 3 Yrs. □ 7 Yrs. □9-142	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60✓ 90☐ 100	•		PE ndar Day rice Day
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Prote	ection			
\$50 minimum toffered in incre ✓ per day ☐ See notes, pp	✓ per week	m per [day, we ☐ per month ☐ Not Availal				☐ Guarantee ✓ See compa 142		•
Home Care	Benefit Amou	ınts		Residential C	are Fa	cility Daily E	Benefit	Amounts
Represents the Benefit Amoun	e percentage of t.	the Nursing Ho	ome Daily	Represents the p Benefit Amount.	percenta	age of the Nur	sing Hor	ne Daily
✓ 100%☐ 70%☐ See compar	☐ 90% ☐ 60% ny's notes, pp 11	□ 80% ☑ 50% 19-142	□ 75%	✓ 100% □ 70%	☐ 90% ☐ See 0	☐ 80% company's not	•	□ 75% 19-142

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$650	\$2,027	\$576	\$1,794	\$974	\$3,161
55	\$817	\$2,347	\$723	\$2,077	\$1,222	\$3,652
60	\$1,139	\$2,839	\$1,008	\$2,513	\$1,693	\$4,382
65	\$1,652	\$3,633	\$1,462	\$3,216	\$2,439	\$5,576
70	\$2,601	\$4,979	\$2,302	\$4,406	\$3,831	\$7,609
75	\$4,166	\$7,166	\$3,687	\$6,342	\$6,069	\$10,840
80	\$6,831	\$10,681	\$6,045	\$9,453	\$0	\$0

MUTUAL OF OMAHA INSURANCE COMPANY

LCA-20320

☐ See company's notes, pp 119-142

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. 4 Yrs ✓ 0 days TYPE ☐ 60 days ✓ Lifetime ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ☐ Calendar Day ☐ See company's notes, pp 119-142 ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$40 minimum to \$300 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 □ See notes, pp 119-142 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75%

Waiver of Premium

60%

☐ See company's notes, pp 119-142

✓ 50%

70%

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days beyond the Elim Pd.

□ 70%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$499	\$1,543	\$416	\$1,287	\$695	\$2,147
55	\$776	\$1,964	\$643	\$1,627	\$1,016	\$2,571
60	\$1,116	\$2,366	\$923	\$1,956	\$1,366	\$2,895
65	\$1,574	\$2,850	\$1,303	\$2,359	\$1,862	\$3,371
70	\$2,416	\$4,034	\$1,968	\$3,287	\$2,762	\$4,613
75	\$4,171	\$6,757	\$3,368	\$5,457	\$4,673	\$7,570
80	Not Available	Not Available	\$5,832	\$8,340	\$8,266	\$11,820

MUTUAL OF OMAHA INSURANCE COMPANY

LTC04I-NTQ

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Po	olicy Benefit A	Amounts		Elimination P	eriods			
	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 11	✓ 3 Yrs. □ 7 Yrs. □9-142	✓ 4 Yrs. □ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60✓ 90☐ 100	•	TYPE ☐ Calenda ✓ Service	,
Nursing Hom	e Daily Bene	fit Amounts		Inflation Prote	ection			
month] offered ✓ per day	to \$400 maxim in increments o ☐ per week			✓ 5% Compo✓ 5% Simple		✓ Guaranteed✓ See compa142		•
See notes, pp	119-142	☐ Not Availal	ble					
Home Care I	Benefit Amou	ınts		Residential C	are Fa	cility Daily E	Benefit Ar	nounts
Represents the Benefit Amount	e percentage of t.	the Nursing Ho	ome Daily	Represents the property Benefit Amount.		age of the Nur	sing Home	Daily
✓ 100%☐ 70%☐ See compan	☐ 90% ☐ 60% ny's notes, pp 1′	□ 80% ☑ 50% 19-142	□ 75%	✓ 100% □ 70%	□ 90% □ See	☐ 80% company's not		75% ·142

Waiver of Premium

Confined care premiums are waived after the Elimination Period. Home Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

3 Year Maximum Policy Benefit 3 Year Maximum Policy Benefit Lifetime Benefit Issue Age No Inflation Protection With 5% Inflation Protection No Inflation Protection No Inflation Inflation Protection No Inflation Protection No Inflation Protection No Inflation Protection No Inflation Inflation Protection No Inflation Protect		30 Day Elimination Period.			30 Day Elimina	90 Day Elimi	nation Period.	90 Day Elimination Period.	
Issue Age No Inflation Protection Inflation Protection No Inflation Protection Inflation Protection No Inflation Protection	3 \	3 Year Maximum Policy Benefit			ear Maximum	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
55 \$739 \$1,610 \$591 \$1,288 \$939 \$2,047 60 \$943 \$2,018 \$754 \$1,614 \$1,182 \$2,529 65 \$1,394 \$2,775 \$1,115 \$2,220 \$1,769 \$3,520				Inflation			Inflation		Inflation
60 \$943 \$2,018 \$754 \$1,614 \$1,182 \$2,529 65 \$1,394 \$2,775 \$1,115 \$2,220 \$1,769 \$3,520	50	\$635	50	\$1,430	\$635	\$508	\$1,144	\$809	\$1,820
65 \$1,394 \$2,775 \$1,115 \$2,220 \$1,769 \$3,520	55	\$739	55	\$1,610	\$739	\$591	\$1,288	\$939	\$2,047
The state of the s	60	\$943	60	\$2,018	\$943	\$754	\$1,614	\$1,182	\$2,529
70 \$2,530 \$4,276 \$2,024 \$3,421 \$3,097 \$5,235	65	\$1,394	65	\$2,775	\$1,394	\$1,115	\$2,220	\$1,769	\$3,520
	70	\$2,530	70	\$4,276	\$2,530	\$2,024	\$3,421	\$3,097	\$5,235
75 \$4,186 \$6,196 \$3,349 \$4,957 \$5,110 \$7,563	75	\$4,186	75	\$6,196	\$4,186	\$3,349	\$4,957	\$5,110	\$7,563
80 Not Available Not Available Not Available Not Available Not Available Not Available	80	Not Available	80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

PHYSICIANS MUTUAL INSURANCE COMPANY

P145EE

This policy for Non-Tax Qua	•	orehensive Lo	ong-Term Care.	This is an Indi	vidual t	ype policy a	nd is clas	ssified as
Maximum P	olicy Benefit	Amounts		Elimination P	eriods			
✓ 1 Yr. ✓ 5 Yrs.	✓ 2 Yrs.	☐ 3 Yrs.	☐ 4 Yrs.	✓ 0 days □ 20 days	✓ 60 ✓ 90	•	TYF	PE ndar Day
	ny's notes, pp 1	19-142		☐ 30 days		0 days		ice Day
Nursing Home Daily Benefit Amounts				Inflation Protection				
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$.			month]	✓ 5% Compound ✓ Guaranteed Purce		ed Purcha	ase Option	
per day	per week	✓ per month		✓ 5% Simple		✓ See comp	any's not	es, pp 119
See notes, p	p 119-142	☐ Not Availa	ble			142		
Home Care	Benefit Amou	unts		Residential C	Care Fa	acility Daily	Benefit	Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount.	•	age of the Nu	rsing Hor	ne Daily
✓ 100% ☐ 70% ☐ See compa	☐ 90% ☐ 60% any's notes, pp 1	□ 80% ☑ 50% 19-142	□ 75%	✓ 100% □ 70%	□ 90% □ See	☐ 80 company's no		□ 75% 19-142

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$694	\$2,061	\$593	\$1,761	\$972	\$3,189
55	\$879	\$2,417	\$752	\$2,066	\$1,232	\$3,731
60	\$1,175	\$2,983	\$1,004	\$2,550	\$1,646	\$4,525
65	\$1,681	\$3,798	\$1,436	\$3,246	\$2,355	\$5,768
70	\$2,693	\$5,439	\$2,301	\$4,649	\$3,773	\$7,848
75	\$4,679	\$8,188	\$3,999	\$6,999	\$6,556	\$11,473
80	\$0	\$0	\$0	\$0	\$0	\$0

32